

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: 11/13/03

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: OPTHALMIC LIPOSOME COMPOSITIONS  
AND USES THEREOF

Attorney Docket Number:: 020681-000410

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Hans  
Middle Name::  
Family Name:: Hofland  
Name Suffix::  
City of Residence:: Foster City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 126 Albacore Lane  
City of Mailing Address:: Foster City  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Juliet  
Middle Name::  
Family Name:: Bongiani  
Name Suffix::  
City of Residence:: Sonoma  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 18478 Happy Lane  
City of Mailing Address:: Sonoma  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95476

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tobias

Middle Name::

Family Name:: Wheeler

Name Suffix::

City of Residence:: Sebastopol

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 7402 Palm Avenue

City of Mailing Address:: Sebastopol

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95472

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An Appn claiming benefit under 35 USC 119(e) of	60/426,501	11/15/02